



SBL#

**DUE MARCH 2, 2015**

RP-467(3/14)

NYS BOARD OF REAL PROPERTY SERVICES

**TO APPLY, BRING:**

1. Completed Application
2. Proof of Age (65 & over)
3. Proof of Ownership
4. **2013** Income (ex. Federal Tax Form & IRA 1099s)

## APPLICATION FOR PARTIAL SCHOOL TAX RELIEF (STAR) AND SENIOR EXEMPTION

**Name & Addresses of ALL OWNERS & SPOUSES:**

Day Phone # (    ) \_\_\_\_\_

	Yes or No	
<b>NAME</b>	<b>ADDRESS</b>	<b>Are you the Beneficiary of a Trust or do you have Life Use?</b>

<b>NAME</b>	<b>ADDRESS</b>	
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**OFFICE USE ONLY**

Mailing address IF different from location of property \_\_\_\_\_

**DATE STAMP**

1. Are you currently receiving a STAR exemption on another property?

Yes or No

If Yes, address of property: \_\_\_\_\_

2. Indicate documents submitted with application as proof of age of owners:

\_\_\_\_ Birth certificate \_\_\_\_ Baptismal certificate \_\_\_\_ Driver's License \_\_\_\_ Other (specify)

3. Date applicant(s) acquired ownership of property: \_\_\_\_\_

4. Indicate document submitted with application as proof of ownership:

\_\_\_\_ Deed \_\_\_\_ Mortgage \_\_\_\_ Bill of Sale/Title (MFH) \_\_\_\_ Other (specify)

5. Do all the owners of the property presently reside on the premises? \_\_\_\_ Yes \_\_\_\_ No

- If the answer to 5 is NO, is an owner receiving medical care as an in-patient in a residential health care facility? \_\_\_\_ Yes \_\_\_\_ No

Specify name and location of the facility. \_\_\_\_\_

OR

Is the non-resident owner the spouse or former spouse of the resident owner who is absent from the residence due to divorce, legal separation or abandonment?

\_\_\_\_ Yes \_\_\_\_ N

**THIS BOX FOR OFFICE USE ONLY****Entered in V4** \_\_\_\_\_**2013 INCOME \$** \_\_\_\_\_

\_\_\_\_ Proof of age submitted

\_\_\_\_ Proof of ownership submitted

**EXEMPTION** \_\_\_\_\_

Town \_\_\_\_% County \_\_\_\_% School \_\_\_\_% Village \_\_\_\_%

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

## DUE MARCH 2, 2015

6. Is any portion of the property used for other than residential purposes (farming, commercial, professional office, etc.)? \_\_\_\_ Yes \_\_\_\_ No  
○ If answer is Yes, explain such use and describe the portion that is so used.
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7. Did all owners & spouses file a Federal Income Tax return for **2013**? \_\_\_\_ Yes \_\_\_\_ No  
○ If answer is **YES**, attach copy of the first page of such return or returns.  
○ If answer is **NO**, 2013 Income STAR worksheet of each owner & spouse **MUST** be attached.
8. Of the income provided for 2013, how much, if any was used to pay for an owner's care in a residential health care facility (attach proof of amount paid: enter zero if not applicable)  
\$ \_\_\_\_\_
9. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? \_\_\_\_ Yes \_\_\_\_ No  
○ If answer is YES, show name and location of schools: \_\_\_\_\_

I certify that all statements made on this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature	Relationship/ Marital Status	Phone No.	Date
(ALL Owners must sign)	(ex. Sibling, spouse, widowed)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application.